

PD6000/13759

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
9/11

1126-34122

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: _____

CD. ACT, Salon Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

* paid by check -
see reference #

W06000034122

FROM: _____

Donna Ceglie

Name (Printed or typed)

10822 SW. Meeting Street

Address

Pl. St. Lucie, Fl. 34987

City, State & Zip

772-345-0948

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



RECEIVED

06 SEP -1 AM 9:44

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

August 2, 2006

DONNA CEGLIO
10822 SOUTH WEST MEETING STREET
PORT ST LUCIE, FL 34987

SUBJECT: C.C.D.C., INC.
Ref. Number: W06000034122

We have received your document for C.C.D.C., INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist
New Filing Section

Letter Number: 106A00048497

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

CD. ACT, Salon Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10822 SW Meeting ~~Race~~ St.
Pt. St. Lucie, Fl. ~~34987~~ 34987

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Hair Salon Services

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Donna Ceglie

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Donna Ceglie
10822 South West Meeting Street
Pt. St. Lucie, Fl. 34987

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Donna Ceglie
10822 South West Meeting Street
Pt. St. Lucie, Fl. 34987

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Donna Ceglie
Signature/Registered Agent

Donna Ceglie
Signature/Incorporator

FILED

06 SEP -1 AM 10: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/29/06
Date

8/29/06
Date